

Wayne Rose
227 Beach 86th Street
Rockaway Beach, NY 11693
(718) 634-4340

August 26, 2010

Honorable Nicholas Garaufis
Federal Courthouse
225 Cadman Plaza East
Brooklyn, NY 11201

Re: Rose v. Different Twist, et. al.
10- CV-3783
10-CV-3782

Dear Sir:

It appears that while I am a citizen of the state and there are other citizens in the state the question of Diversity should be in the State Court and not in Federal Court.

As such, I have corrected the pleadings and am filing the same in Supreme Court of the State of New York, County of Nassau.

It would be appreciated if you could close this matter. (10 CV 3783)

I apologize for the inconvenience.

With respect to a new matter assigned to your honor 10-CV3782 it is most respectfully requested that it be reassigned back to back to Nassau County Courthouse.

As your honor is aware, I am presently permanently disabled and I am on medications to ensure my immune system does not get at risk (Atripla) as well as medications to fight off viruses, which may cause me at risk for a flu (Bactrim).

The Brooklyn courthouse does not allow for handicapped parking and the only lot is on the other side of the park making it very difficult for me to walk, in addition, should I need to appear in bad weather the odds of me getting sick and having to go to the hospital are greatly increased. If I am force to take a train, I am being greatly placed at risk of getting sick.

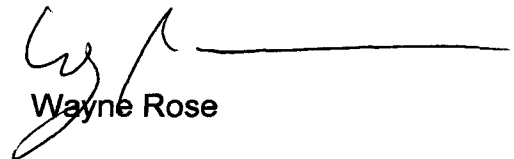
The Nassau County Court house has handicapped parking directly in front of the courthouse. The state of New York has provided me with a permanent handicap permit.

In addition, I am on a fixed income (SSI) and having to pay for parking in a Brooklyn Garage places another prejudice and burden on me vs. free parking in Nassau County.

I wish to "wrap up all these matters" so I can get on with my life as well and with a case before your honor since 2002, I am, with the utmost of respect, also loath to come to this courtroom.

In light of a formal motion, I most respectfully request that the matter be transferred to Nassau County Courthouse as a matter of health conditions which would be placed upon the plaintiff should he be forced to proceed in Brooklyn.

Respectfully,

A handwritten signature in black ink, appearing to be 'Wayne Rose', followed by a horizontal line extending to the right.

Wayne Rose

New York HIV Requisition
(Human Immunodeficiency Virus)



Quest Diagnostics

Name

Address

11367-1703 12261760

Telephone 718-575-2900

Account Number T00129-7 2205

RE-ORDER #925453

Quest Diagnostics Inc.
One Malcolm Avenue
Teterboro, NJ 07608-10

PATIENT INFORMATION				SPECIMEN INFORMATION			
(Last Name) Wayne		(First Name) Rose		Date Collected	Time Collected	<input type="checkbox"/> AM <input type="checkbox"/> PM	Fasting <input type="checkbox"/> Non Fasting <input type="checkbox"/>
In Care of:				Accession Number	Duration of Collection		
Patient / Insured's Address				Comments (To Print on Report)			
City				Special Instructions to Laboratory Technologists			
<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (Month, Day, Year) Patient Soc. Sec. # Telephone Number (9 a.m. to 5 p.m.) Patient I.D.				PLEASE BILL TO: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Physician Acct <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Regular Railroad <input type="checkbox"/> Medicaid Insured's Name (if different from Patient) Patient Relationship to Self <input type="checkbox"/> Spouse <input type="checkbox"/>			
ORDERING PHYSICIAN INFORMATION Physician's Name (To Print on Report Required for Group Practice) Medicare I.D. Number Medicaid I.D. Number (Incl. Suffix) Primary Insurance Name and Plan Policy I.D. Number Group / Plan / Book # Cat. # Ordering Physician's Signature: (Required for Medicaid) Medicare Limited Coverage Tests: * = May not be covered for the reported diagnosis. F = Has prescribed frequency rules for coverage.				Separate ABN en <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ordering Physician's NPI/PIN # License # PIN #							

Supplemental testing for confirmation will be performed when indicated. Please (X) Desired Test(s). Failure to do so will result in a delay of testing.

Test Code	Description
F*17659X	HIV-1/HIV-2 Ab, EIA, w/reflex to HIV-1 Ab, WB. If HIV-1 WB is non-reactive or indeterminate, HIV-2 Ab EIA w/ reflex to HIV-2 Ab, WB is performed.
*35292X	HIV-1 Ab, WB (Confirmatory test for patients previously screened positive. If WB is non-reactive or indeterminate, an antibody screen is performed per NY regulation)
F15431X	HIV-2 Ab Screen w/reflex to WB
F 15911X	HIV-2 Ab, WB (Confirmatory test for patients previously screened positive. If WB is non-reactive or indeterminate, an antibody screen is performed per NY regulation)
F* K89384	HIV-1 DNA Qualitative, PCR
*40085X	<input checked="" type="checkbox"/> HIV-1 RNA, Quantitative, Real-Time PCR
F34132X	HIV-1 RNA, Quantitative bDNA (v3.0)
10435X	HIV-1 RNA, Quantitative PCR with Reflex to Virtual Phenotype
10471N	HIV-1 Virtual Phenotype for Drug Resistance to PR1 and RT1
*36428X	HIV-1 Genotype
*15804X	HIV-1 Phenosense™ Comprehensive
F*15805X	HIV-1 Phenosense GT™

Specimens received for HIV testing must have the patient's name on the requisition and specimen vial(s).
 If any other testing is to be performed on this patient, submit additional specimens with an appropriate requisition in a separate specimen container.
AS REQUIRED FOR PUBLIC HEALTH REPORTING BY NEW YORK STATE

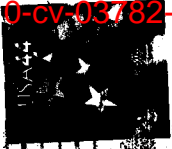
Patient's Name (Last, First)
 Patient's Street Address
 Patient's City

New York regulations for all HIV tests require an authorized signature (submitting physician or designee).
 By signature below, the submitting physician or designee confirms that pre-test counseling has been provided, post-test counseling will be provided and that the patient has given informed consent for the HIV test(s) based on a full explanation of the test(s) and subsequent ramifications including, without limitation, the following:
 1. These tests may determine the presence or absence of Human Immunodeficiency Virus (HIV) antibody, protein, or nucleic acid.
 2. Testing for HIV is VOLUNTARY.
 3. These tests are not diagnostic for AIDS (Acquired Immuno Deficiency Syndrome).

Authorized Signature Required (submitting physician or designee) [Signature] Date 8/18/10

Wayne Rose
227 Beach 86th St
Rockaway Beach N.Y. 11683

TRIBORO NY 112
BROOKLYN-QUEENS-STATEN ISL
26 JUL 2010 PM 2:1



Personal & Confidential
Nicholas Garafis, Judge
US Federal Courthouse
225 Cadman Plaza East
Brooklyn, NY 11201

USNS



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